

PATENT

Attornev's Docket No.	B-4101	618582-
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COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)			
As a below named inventor, I hereby declare that:			
TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below) [x] original [] design [] supplemental NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items. [] national stage of PCT NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION, OR CIP. [] divisional [] continuation [] continuation-in-part (CIP)			
INVENTORSHIP IDENTIFICATION WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.			
My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
TITLE OF INVENTION			
OUTPUT BUFFER WITH GOOD ESD PROTECTION			
specification identification the specification of which: (complete (a), (b) or (c)) (a) [x] is attached hereto. (b) [] was filed on as [] Serial No. / or [] Express Mail No., as Serial No. not yet known, and was amended on(if applicable).			
NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments			

was described and claimed in PCT International Application (c) [] No. _____ as amended under PCT Article 19 (1) on _____ (if any).

claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

[] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [] no such applications have been filed.
- (e) [X] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION	DATE OF FILING	PRIORITY CLAIMED		
	NUMBER	(day, month, year)	UNDER 37 USC 119		
			[]YES []NO		
Taiwan, R.O.C.	89107542	21/04/2000	[X]YES []NO		
			[]YES []NO		
			[]YES []NO		
		-	[] YES [] NO		

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Richard P. Berg, Reg. No. 28,145 Mavis S. Gallenson, Reg. No. 32,464 Kam C. Louie, Reg. No. 33,008 Ross A. Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039 John Palmer, Reg. No. 36,885 Peter D. Galloway, Reg. No. 27, 885 William R. Evans, Reg. No. 25, 858

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO: Richard P. Berg, Esq. c/o LADAS & PARRY 5670 Wilshire Boulevard, Suite 2100 Los Angeles, California 90036-5679

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Richard P. Berg

(323) 934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGES(S) WHICH FORM A PART OF THIS DECLARATION

	[]	Signature for third and subsequent joint inventors. Number of pages added
invent	[tor. <i>1</i> ^] Jumbe	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated r of pages added
			Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR pages added Added pages to combined declaration and power of attorney for divisional, continuation ication. Number of pages added
***	[]	Authorization of attorney(s) to accept and follow instructions from representative.
If no i			es form a part of this Declaration then end this Declaration with this page and check the
	(1	(1	This declaration ends with this page